

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

DANIEL L. SLAUGHTER

Full Name of Plaintiff Inmate Number

DAUPHIN COUNTY v. ADULT PROBATION
KAMELA BANNING / PROBATION OFFICER

Name of Defendant 1

Name of Defendant 2

Name of Defendant 3

Name of Defendant 4

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

Civil No. _____
(to be filled in by the Clerk's Office)

☐ Demand for Jury Trial
☒ No Jury Trial Demand

FILED
HARRISBURG, PA

JUL 16, 2024

PER [Signature]
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☒ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

SLAUGHTER, DANIEL L.

Name (Last, First, MI)

047,728

Inmate Number

DAUPHIN COUNTY PRISON

Place of Confinement

501 MALL RD

Address

HARRISBURG, DAUPHIN, PA 17111

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

BANNING, KAMELA

Name (Last, First)

MENTAL HEALTH PROBATION OFFICER

Current Job Title

917 GIBSON BLVD.

Current Work Address

HARRISBURG, DAUPHIN, PA 17113

City, County, State, Zip Code

Defendant 2:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 3:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 4:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 5:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

- # 1.) DAUPHIN COUNTY ADULT PROBATION 2023
- # 2.) COMMUNITY SERVICES GROUP 2024
- # 3.) GAUDENZIA CONCEPT 90, 2024 / GAUDENZIA COMMON GROUND 2024

B. On what date did the events giving rise to your claim(s) occur?

PLEASE SEE ATTACHMENT

C. What are the facts underlying your claim(s)? (For example: What happened to you?
Who did what?)

PLEASE SEE ATTACHMENT

III. STATEMENT OF FACTS # 1

B.)

* I AM A VICTIM OF A TRAUMATIC BRAIN INJURY, AND I SUFFER FROM A NUMBER OF MENTAL DISABILITIES. I AM ALSO AN INMATE AT DAUPHIN COUNTY PRISON, AND WE HAVE LIMITED ACCESS IN REGARDS TO RECIEVING MAIL, AND OR OBTAINING INFORMATION. THEREFORE, I CAN NOT PROVIDE ACCURATE DATES AT THIS TIME.

* HOWEVER, AN ACCURATE DATE CAN BE OBTAINED BY CONTACTING:

KAMELA BANNING @ DAUPHIN COUNTY ADULT PROBATION AND REQUESTING THE DATE OF MY INITIAL ASSESSMENT.

EVENTS:

GROSS NEGLIGENCE, DISCRIMINATION

C.

KAMELA BANNING IS SAID TO BE A MENTAL HEALTH PROBATION OFFICER. MENTAL HEALTH PROBATION OFFICERS RELIEVE SPECIALIZED TRAINING IN EITHER PSYCHOLOGY, SOCIAL WORK OR MENTAL HEALTH. THEY ARE RESPONSIBLE FOR BEING SUFFICIENTLY KNOWLEDGEABLE ABOUT MENTAL HEALTH DISORDERS, AND AVAILIBLE MENTAL HEALTH SERVICES.

IT IS PROTOCOL FOR A MENTAL HEALTH PROBATION OFFICER TO BE AWARE OF, AND TO ALSO UNDERSTAND THEIR CLIENTS DIAGNOSIS IN ORDER TO SUPERVISE EFFECTIVELY.

HOWEVER, AT NO POINT DURING MY INITIAL ASSESSMENT WAS MY MENTAL HEALTH EVER ACKNOWLEDGED OR ADDRESSED.

JUST FOR THE RECORD, I SUFFER FROM SEVERE MENTAL DISABILITIES. I HAVE BEEN DIAGNOSED WITH SCHIZOAFFECTIVE DISORDER BI POLAR TYPE, PTSD, ANXIETY, AND PSYCOSIS. I EXPERIENCE SYMPTOMS OF DELUSIONS, DEPRESSION, MOOD DISORDERS (EXTREME HIGHS AND SEVERE LOWS), DISORGANIZED SPEECH AND BEHAVIOR, RAPID THOUGHTS, IMPAIRED JUDGEMENT, PROBLEMS CONCENTRATING AND MAKING DECISIONS, AUDITORY HALLUCINATIONS, AND DIFFICULTY SLEEPING. I HAVE BEEN PRESCRIBED ZOLOFT, LATUDA, AND ABILIFY TO ASSIST ME WITH STABILITY. I AM ALSO A TYPE II DIABETIC, ALL OF WHICH SUBSTANTIALLY AFFECT MY MENTAL HEALTH, AS WELL AS MY PHYSICAL HEALTH EVERY DAY.

AS A DIRECT RESULT OF MRS. BANNING LACK OF KNOWLEDGE AND OR UNDERSTANDING, I HAVE BEEN SUBJECTED TO A GROTESQUE LEVEL OF NEGLIGENCE AS WELL A DISCRIMINATION. WHENEVER I EXHIBITED SYMPTOMS OF MY DIAGNOSIS, MRS. BANNING WOULD BECOME EXTREMELY APATHETIC, FALSELY ACCUSING ME OF USING DRUGS AND PLAYING GAMES.

HOWEVER, I HAVE NEVER ONCE GIVEN A DIRTY URINE. NOR HAVE I EVER EXHIBITED BEHAVIORS, THAT WERE NOT CONSISTENT WITH THE SYMPTOMS OF MY DIAGNOSIS.

III. STATEMENT OF FACTS #2

B.) 9/2023 - 11/2023

3/2024 - 4/2023

* ACCURATE DATES OF ADMISSIONS AND DISCHARGES CAN BE OBTAINED BY CONTACTING:

* COMMUNITY SERVICES GROUP / HIGHSPIRE, PA AND REQUESTING THAT INFORMATION.

EVENTS: GROSS NEGLIGENCE, DISCRIMINATION, DEFAMATION, FAILURE TO PERFORM STATUTORILY MANDATED DUTIES

L.) IN SEPTEMBER OF 2023, I WAS ACCEPTED INTO AN INPATIENT FACILITY NAMED "CSG" (COMMUNITY SERVICES GROUP). WHICH IS A FACILITY THAT IS SAID TO PROVIDE MENTAL AND BEHAVIORAL HEALTH SUPPORT. HOWEVER, MY EXPERIENCE AT "CSG" WAS NOT AT ALL SUPPORTIVE. AS A CLIENT AT "CSG", I WAS SUBJECTED TO A GROTESQUE LEVEL OF NEGLIGENCE, AS WELL AS DISCRIMINATION.

MRS. BANNING WOULD ATTEND MY WEEKLY MEETINGS AT "CSG", ONLY TO EXPRESS HER OPINION OF ME, WHICH WAS ALWAYS NEGATIVE, NEVER SUPPORTIVE, AND EXTREMELY SARCASTIC. SHE WOULD FALSELY ACCUSE ME OF USING DRUGS, AND BASICALLY COERCED THE "CSG" STAFF INTO BELIEVING THE SAME. TO THE EXTENT OF ME BEING DISCHARGED FROM THE FACILITY, FOR ALLEGEDLY USING DRUGS. HOWEVER, THERE WERE NO DRUGS FOUND ON MY PERSON, NOR IN MY SYSTEM. AS A DIRECT RESULT, I HAD

AN EMOTIONAL BREAKDOWN, AND IMMEDIATELY SOUGHT MEDICAL ATTENTION. I WAS TAKEN TO THE HOSPITAL, EVALUATED BY CRISIS INTERVENTION, THEN SIGNED A 201 FOR INPATIENT PSYCH. AT WHICH POINT KAMELA BANNING WAS CONTACTED, MAKING HER AWARE OF THE ENTIRE SITUATION.

PROBATION OFFICERS ARE RECOGNIZED AS AN ARM OF THE COURT, AND A LIAISON BETWEEN THE SENTENCING COURT AND THE DEFENDANT. THAT SAID, PROBATION OFFICERS ARE STATUTORILY MANDATED TO PERFORM ENUMERATED DUTIES.

ACCORDING TO THE UNITED STATES CODE SERVICE, TITLE 18, PART II, CHAPTER 229, SUBSECTION 3603 #2, A PROBATION OFFICER SHALL KEEP INFORMED, TO THE DEGREE REQUIRED BY THE CONDITIONS SPECIFIED BY THE SENTENCING COURT, AS TO THE CONDUCT AND CONDITION OF A PROBATIONER, AND REPORT HIS CONDUCT AND CONDITION TO THE SENTENCING COURT. #3 STATES, THAT A PROBATION OFFICER SHALL USE ALL SUITABLE METHODS, NOT INCONSISTENT WITH THE CONDITIONS SPECIFIED BY THE COURT, TO AID A PROBATIONER, AND TO BRING ABOUT IMPROVEMENTS IN HIS CONDUCT AND CONDITION.

JUST FOR THE RECORD, I HAVE BEEN INPATIENT PSYCH. IN VARIOUS HOSPITALS, APPROXIMATELY 7 TIMES WHILE UNDER KAMELA BANNING'S SUPERVISION.

AT NO POINT, DID MRS. BANNING EVER OFFER ME ANY TYPE OF SUPPORT, NOR DID SHE EVER ATTEMPT TO AID ME IN MY STRUGGLE, OR HELP ME TO BRING ABOUT IMPROVEMENTS IN MY CONDITION.

III.

STATEMENT OF FACTS #3

B.) 1-24-24

EVENTS: FALSE DECLARATIONS BEFORE THE COURT,
WILFUL MISCONDUCT, FAILURE TO PERFORM DUTIES OF
A PROBATION OFFICER, GROSS NEGLIGENCE

C.) ON DECEMBER 20TH, 2023, I WAS ACCEPTED
INTO GAUDENZIA CONCEPT 90. AT WHICH TIME, MY
COUNSELOR MS. LINDA AND I CONTACTED KAMELA
BANNING, VIA VOICEMAIL, MAKING HER AWARE OF THE
FACT THAT I WAS ACTIVELY PARTICIPATING IN THE
PROGRAM.

ON FEBRUARY 2ND, 2024, I WAS TRANSFERRED
FROM GAUDENZIA CONCEPT 90, TO GAUDENZIA
COMMON GROUND. AT WHICH TIME, THE PROGRAM
DIRECTOR MS. BELINDA AND I CONTACTED KAMELA
BANNING FOR THE SECOND TIME, VIA VOICEMAIL,
MAKING HER AWARE OF THE TRANSFER.

HOWEVER, BACK ON JANUARY 24TH, 2024,
KAMELA BANNING CONTACTED JUDGE TULLY, AND
PROVIDED HIM WITH FALSE INFORMATION. STATING
THAT SHE DID NOT KNOW MY WHEREABOUTS FOR AN
EXTENDED PERIOD OF TIME. AT WHICH TIME A
WARRANT FOR MY ARREST WAS ISSUED.

THE GAUDENZIA STAFF AT BOTH CONCEPT
90, AND COMMON GROUND HAVE ALREADY
PROVIDED ME WITH WRITTEN DOCUMENTATION,
STATING THAT MRS. BANNING WAS IN FACT

CONTACTED TWICE, VIA VOICEMAIL, MAKING HER AWARE OF THE FACT THAT I WAS ACTIVELY PARTICIPATING IN THE PROGRAM FROM DECEMBER 20TH 2023 THROUGH FEBRUARY 2ND 2024. WHICH CLEARLY SHOWS THAT MRS. BANNING KNOWINGLY, AND INTENTIONALLY PROVIDED JUDGE TULLY WITH FALSE INFORMATION, IN ORDER TO OBTAIN A FRAUDULENT WARRANT FOR MY ARREST.

AT SOME POINT, AND FOR SOME REASON, THE WARRANT FOR MY ARREST WAS REINDED. IN EXCHANGE, I WAS PLACED ON HOUSE ARREST FOR 6 MONTHS. WHEN IN ALL ACTUALITY, THE WARRANT FOR MY ARREST SHOULD HAVE NEVER BEEN ISSUED IN THE FIRST PLACE.

THE ELECTRIC MONITOR MADE IT EXTREMELY DIFFICULT FOR ME TO FUNCTION. EXACERBATING MY ANXIETY, DEPRESSION, PTSD, AND PSYCHOSIS.

THIS WAS A BLATANT ABUSE OF DISCRETION, WITH RECKLESS DISREGARD OF THE CONSEQUENCES. AS THE FACTS CLEARLY AND SUBSTANTIALLY SUPPORT MORE THAN ORDINARY CARELESSNESS, INDIFFERENCE, LAXITY, OR INDIFFERENCE.

AS A DIRECT RESULT OF MRS. BANNINGS NEGLIGENCE, I HAVE SUSTAINED A TREMENDOUS AMOUNT OF MENTAL AND EMOTIONAL DISTRESS, CAUSING ME A SIGNIFICANT AMOUNT OF PSYCHOLOGICAL DAMAGE. AND ACCORDING TO 40 P.L.E. PUBLIC OFFICERS AND EMPLOYEES § 72. CIVIL LIABILITY - A PUBLIC OFFICER IS LIABLE FOR NEGLIGENCE, MISCONDUCT, AND OFFICIAL ACTS DONE MALICIOUSLY AND WITH INTENT TO INJURE.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

42 USCS § 12182 - PUBLIC ACCOMMODATIONS
42 USCS § 12203 PROHIBITION AGAINST RETALIATION AND COERCION
42 USCS § 12132 - DISCRIMINATION
40 P.L.E. - PUBLIC OFFICERS & CIVIL LIABILITY
42 PA. C.S. § WILFUL MISCONDUCT
18 USCS § 1623 FALSE DECLARATION BEFORE COURT
18 USCS § 3603 DUTIES OF PROBATION OFFICERS
USCS AMENDMENT 14, SEC. 1

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

PERMANENT PSYCHOLOGICAL DAMAGE, MENTAL AND EMOTIONAL DISTRESS, PAIN AND SUFFERING

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

WITH ALL DUE RESPECT, KAMELA BANNING NEEDS TO BE REMOVED FROM HER POSITION. AND I WOULD LIKE TO BE AWARDED THE MAXIMUM MONETARY RELIEF AVAILABLE,

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

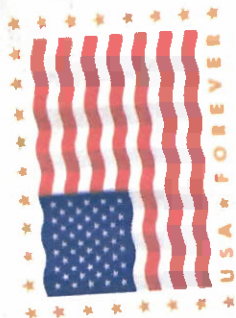
Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

A handwritten signature in black ink, consisting of a stylized 'S' followed by a cursive 'L' and a horizontal stroke.

Signature of Plaintiff

A handwritten date in black ink, written in all caps as 'JUNE 30, 2024'.

Date



Daniel L. Scaubater

NAME:

D.C.P.#

DAUPHIN COUNTY PRISON

501 MALL ROAD

HARRISBURG PA 17111-1299

#047,728

RECEIVED
HARRISBURG, PA

JUL 16 2024

PER [Signature] DEPUTY CLERK

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF PENNSYLVANIA
SYLVIA H. RAMBO U.S. COURTHOUSE
1501 NORTH 6TH STREET, SUITE 101
HARRISBURG, PA 17102
1710231109 0028

